

NORDIC HEALTH 2030

FROM WHAT TO HOW



CONTENT

NORDIC HEALTH 2030 FROM WHAT TO HOW

06: NORDIC HEALTH 2030 PARTICIPANTS

08: INTRODUCTION

16: THE NEED FOR A SHARED NORDIC VISION

- The demographic squeeze
- Systemic pressure
- Accelerating forces outside traditional healthcare
- Cracks in the Nordic foundation
- What can be done?

22: NORDIC HEALTH 2030: OUR VISION

28: FROM 'WHAT' TO 'HOW'

- Workstreams to realise the preferred scenario – Nordic Vision 2030
- Existing initiatives to scale
- Concepts, platforms, forums, and institutions for driving and enabling change
- Next steps

36: APPENDIX 1: PROCESS & METHODOLOGY

- Process description
- Methodology
- Interim activities
- Scenario building
- Workstream and action plan development and testing
- Process conclusion

44: APPENDIX 2: SCENARIO DESCRIPTIONS

- Scenario A: More treating, less talking
- Scenario B: Prevention approaches
- Scenario C: Nordic Wellbeing Alliance
- Scenario D: Treating disease together

Authored by The Copenhagen Institute for Futures Studies

BLOXHUB, Bryghuspladsen 8, 1473 Copenhagen, telephone +45 3311 7176
www.cifs.dk

Version 1.1

Editorial Team

ARON SZPISJAK
BOGI ELIASSEN
JOE-MAX WAKIM
JOSÉ MANUEL JEREZ POMBO
MANYA LIND
PATRICK HENRY GALLEN
PETER AADAL NIELSEN

Design

KATRINE BÆLUM

Cover photo: Tobias Bjørkli
Photo, page 6: Elina Volkova
Photo, page 12: Moliv Fotografia
Photo, page 14: Tobias Bjørkli
Photo, page 20: Benni Fish
Photo, page 22: Tobias Bjørkli
Illustration, page 24: Sophia Prieto
Photo, page 27: Tobias Bjørkli
Photo, page 27: Anastasia Shuraeva
Photo, page 35: Cottonbro Studeio
Illustration, page 37: Sophia Prieto
Photo, page 44: Ron Lach
Photo, pages 55: Tobias Bjørkli

*All rights reserved and owned by CIFS. No unauthorised use, distribution or copying allowed,
although we often say yes to sharing our work with other people – if they ask first.*

EMPOWERMENT THROUGH HEALTH

The Nordic Health 2030, as a collaborative movement made up of ambitious Nordic health stakeholders, strives to realise a future that delivers excellent health outcomes for all, no matter their gender, background or location, and champion the “Nordic way” as a new future-proof way of delivering healthcare.

The greatness of nations can be judged by how they treat their weakest members. At the heart of Nordic Health 2030 lies every person’s right to dignity, fairness and equity.

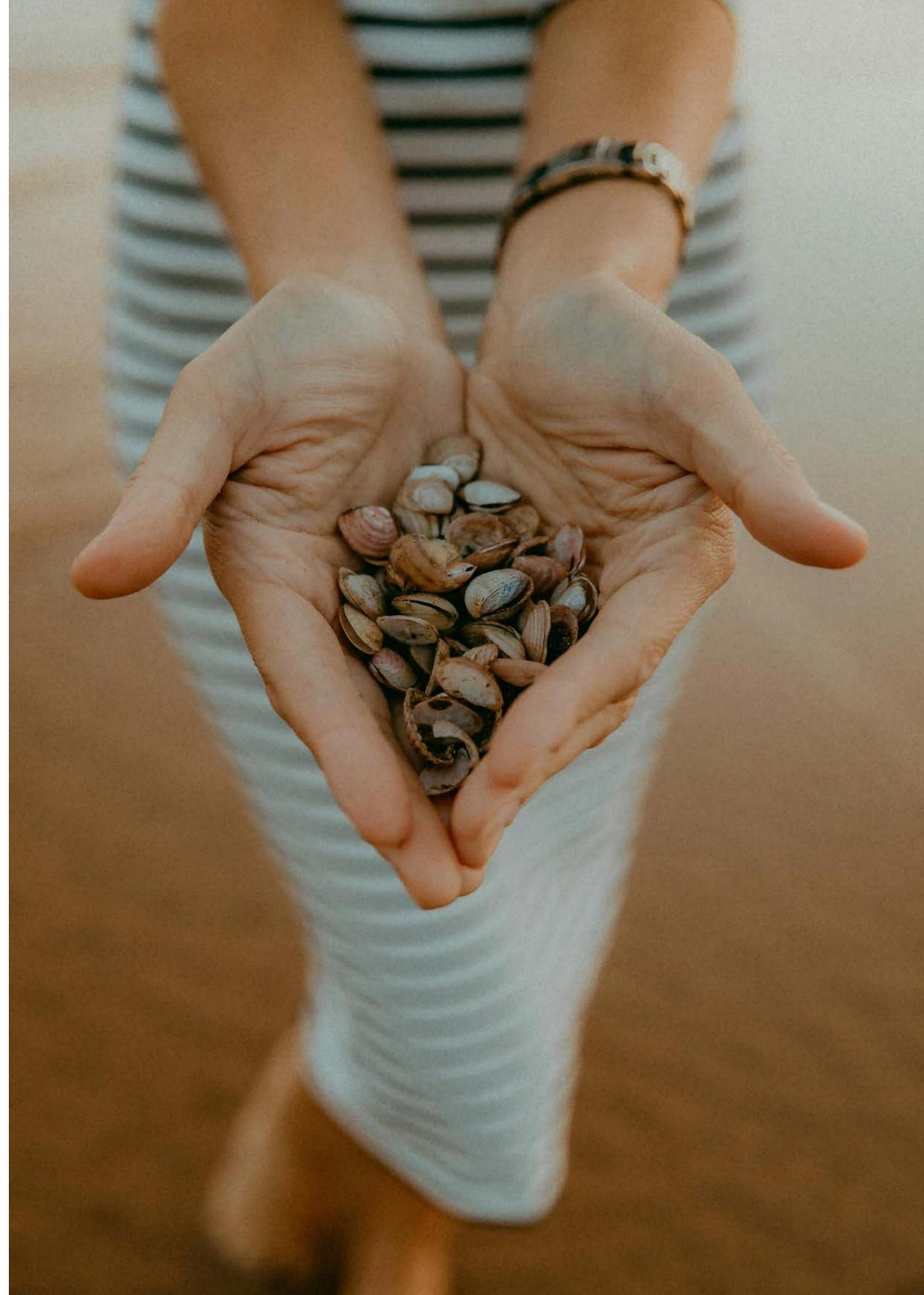
The Nordics are uniquely placed in the world to lead this charge, and have the responsibility to do so - not with words only, but with concrete actions. **The technologies and resources already exist** to build a health system where fairness, equity and dignity are not just ideals, but daily realities.

The Humanome data model, the 5/5 principle, and initiatives like the Sustainable Health Model, are not mere concepts, but the very foundations upon which we will build a future of **personalised, preventive, and participatory healthcare**. We invite you to become part of a sustainable future that **prioritises prevention as much as treatment**, that sees the value in every life, and every member of staff, and recognizes the power of data to transform our health systems.

We will face challenges, of course, but within these challenges lie our greatest opportunities. Opportunities to innovate, to collaborate, and to transform our system from one of sick-care to one of health-care. The Nordic Health 2030 initiative is also a call to the world from the Nordic countries.

We want to show that by working together, sharing knowledge, and embracing science, technology and innovation, we have all of the resources to overcome the barriers in healthcare that exist today. We hope that our common well-founded vision of a future data-driven, sustainable, and equitable healthcare system, will have caught your interest, and that you will decide to join us.

Bogi Eliassen
Director of Health



NORDIC HEALTH 2030 PARTICIPANTS

WE ACKNOWLEDGE THE VALUABLE CONTRIBUTION

Anders Tunold-Hanssen	Nordic Interoperability Project
Unni Kvisvik & Malin Söderlund	Tieto
Jesper Grønbæk	Health Tech Hub Copenhagen
Lars Hulbæk	Medcom
Frederik Nielsen	Novartis
Stephen McAdam	DNV
Mette Maria Skjøth	Sundhed.dk
Lars Münter	Komiteen for Sundhedsoplysning
Kenneth Mikkelsen	IQVIA
Lars Fog Iversen	Novo Nordisk
Marianne Pilgaard	Trial Nation
Nard Schreurs	EHIN
Helene Boeck	Danish Life Science Cluster
Clayton Hamilton	WHO
Kenneth Bøgelund Ahrensberg	Sundhedsdata
Jan Egil Nordvik	Helsedirektoratet Norge
Danielle Kemmer	Novo Nordisk Foundation
Freya Petersen	Udenrigsministeriet
Troels Krarup Hansen	Steno Aarhus
Eric Sutherland	OECD
Lars Lindsköld	Umeå University
Hans Andersson	Ehelsomyndigheden
Stefan Swartling	Karolinska
Jenni Nordborg	LIF
Hákon Gunnarsson	Icelandic Ministry of Health
Vallteri Wirta	SciLifeLab
Stein Olav Skrøvseth	Norwegian Centre for E-health Research
Malin Eklund & Pontus von Bahr	Vinnova
Bettina Ryll	MPN Europe
Niina Aagaard	Nordic Council

INTRODUCTION

In 2019, Nordic Health 2030 brought together key health stakeholders from Denmark, Norway, Sweden, Finland, and Iceland to address how to best shape the future of health in the Nordics.

Over the course of five workshops held across the region, participants contributed to an open, critical discussion about what challenges need to be overcome as well as what resources, activities, partnerships, and leadership are needed to not only improve healthcare but also make the transition to a new health paradigm grounded in a greater degree of personalisation of prevention.

Following the Nordic Council of Ministers' aspiration of making the Nordic Region the most integrated region in the world by 2030, our ambition with the first stage of the Nordic Health 2030 process was to extend this level of integration in health.

This resulted in a broad consensus among private and public stakeholders on a set of common values and principles in addition to new, more collaborative models for healthcare management, delivery, and regulation. Notably, this included the development of novel concepts for the future of health in the Nordics, which were published in a final report in October 2019.

Figure 1

THE 5/5 ASPIRATION: A call to reallocate the approximately 10% of GDP that is spent on health in the Nordic countries such that 5% of GDP is spent on late intervention and treatment, and that the remaining 5% is spent on early intervention and prevention.

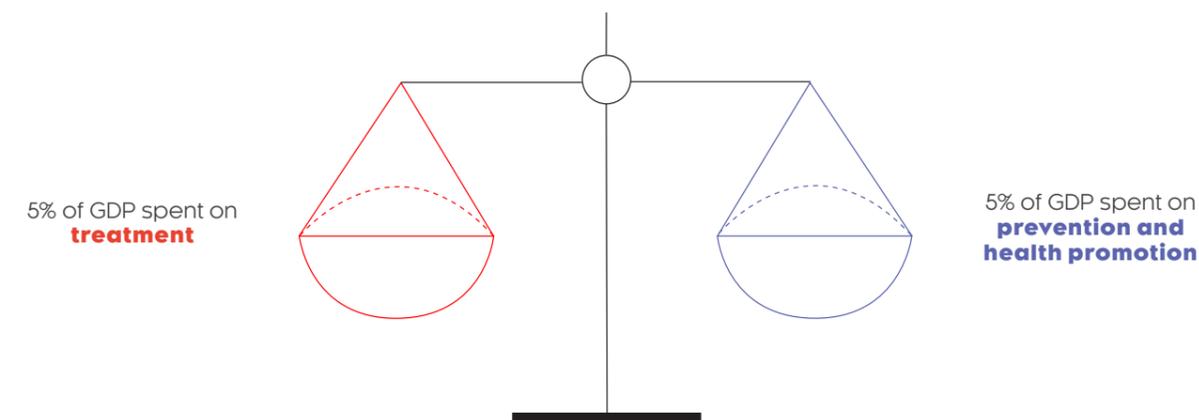


Figure 2

THE HUMANOME MODEL: A data model for supporting personalised and preventive health services that maximises data usability and individuals' access to, and control over, their own health and health-relevant data.

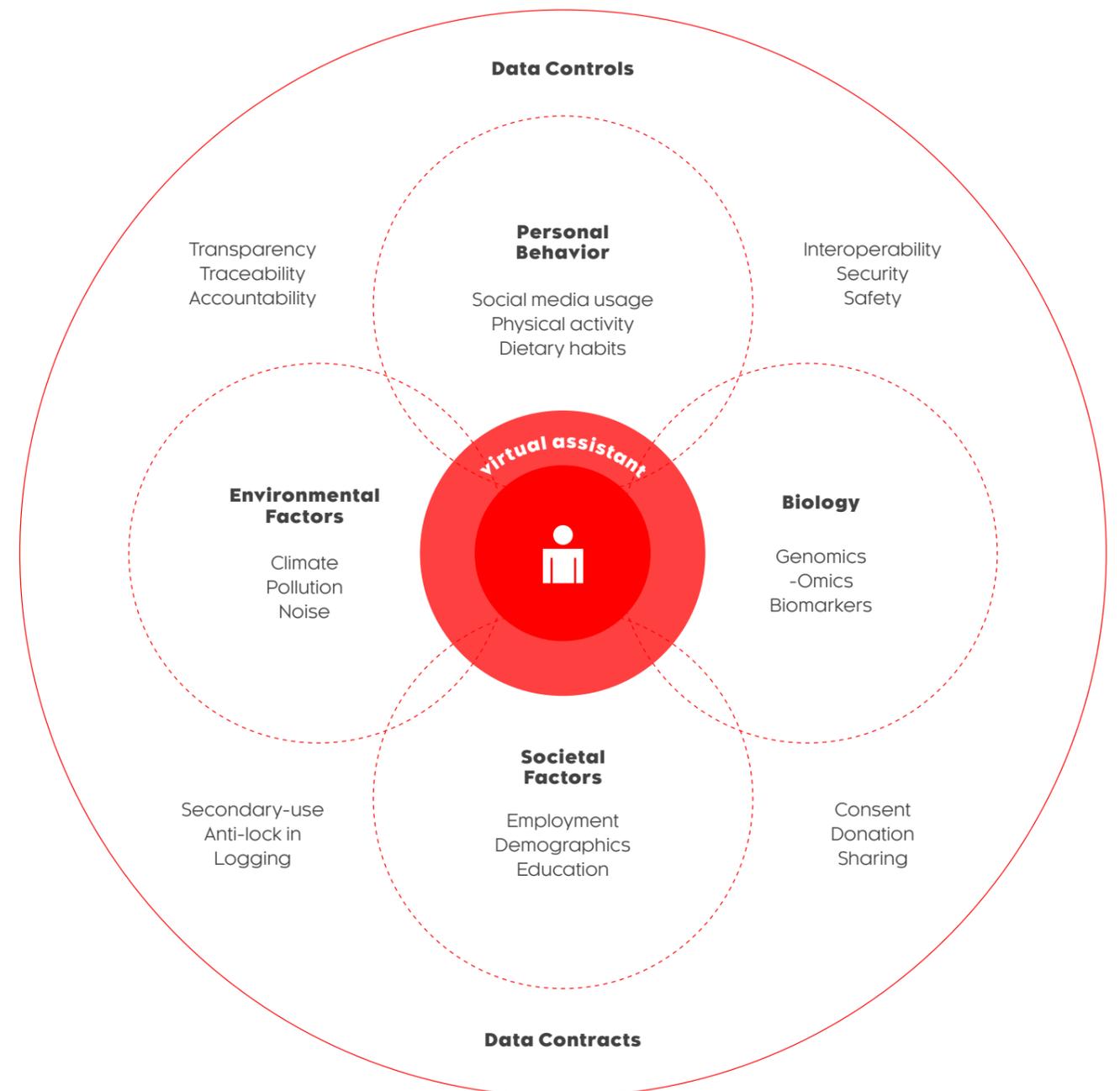


Figure 3

THE SUSTAINABLE HEALTH MODEL: A model illustrating how flows of health and health-relevant data between individuals, organisations, and health systems can deliver real-time health insights, ensure the long-term health and wellbeing of individuals, enable the simultaneous application of individual and population data for timely intervention and research, and improve the performance of healthcare systems and population health.



AN EQUITABLE & SUSTAINABLE VISION FOR HEALTH

Crucially, the process and its resulting concepts succeeded in spurring a sustained interest in deeper regional collaboration in healthcare across the Nordics, exemplified by the ongoing Nordic Health 2030 Movement. Following the conclusion of the first Nordic Health 2030 process, the Copenhagen Institute for Futures Studies and our partners have worked to integrate and apply the concepts and insights that were co-created by the process participants.

While the conclusions of the first NH2030 process have inspired activities and highlighted both the urgency and opportunities related to the future of health in the Nordic region, there is still a pressing need for key stakeholders to prioritise and identify areas for engagement and develop robust action plans. This was the primary aim of the second multistakeholder process Nordic Health 2030 – From “What” to “How”.

Our ambition is to help equip, promote, and exemplify the Nordic Region as the primary site of excellent population health, health leadership, and collaborative action that is best positioned to shape and realise an equitable and sustainable vision for health.

We aim to do this by connecting leading voices, stakeholders, and decision makers in the Nordic health landscape, generating consensus on where and what to prioritise over the medium term, build concerted action plans for systemic change and development, and undergird existing expertise and experience with strategy and foresight tools and methods for navigating and shaping an uncertain future health landscape.





PAST, PRESENT, FUTURE

From spring to autumn 2023, a wide range of public and private stakeholders and experts from across the Nordic countries came together to explore and achieve consensus on how to shape and navigate the future healthcare landscape. As a part of this effort, the Copenhagen Institute for Futures Studies supported participants in identifying key strengths, opportunities, uncertainties, and needs facing healthcare in the Nordic region and developing tailored action plans through the application of its proven foresight and scenario planning methodologies.

These engagements and insights resulted in the following outputs:

- **A future-oriented overview of the Nordic health ecosystem**
- **An identification of challenges and opportunities for collaboration between governments, organisations, civil society, and industry in the Nordics and beyond**
- **Plausible scenarios for the future of the Nordic health landscape built on collaboratively identified critical uncertainties**
- **A set of proposed actions and initiatives for achieving key priorities and realising a preferred scenario for the Nordic health landscape towards 2030**

In this report, we first present the need for a shared Nordic vision for health, and then a preferred scenario that presents a world in which a series of high-impact initiatives have been undertaken to realise a set of ideal conditions for health systems, citizens, and patients towards 2030.

We then detail a set of collaboratively defined activities and initiatives for realising the preferred scenario to the greatest possible extent, as well as a strategic assessment of each activity and initiative in the context of each alternative scenario.

Finally, we list a series of actions that Nordic Health 2030 participants will carry out in the near term to drive efforts around the proposed activities and initiatives, as well as support alignment with existing initiatives.

THE NEED FOR A SHARED NORDIC VISION

SIGNIFICANT CHALLENGES

The healthcare systems in the Nordic countries are often noted as being among the best in the world. Indeed, when looking at population health measures and basic indicators related to health system performance, the Nordic countries rank close to or at the top compared to the rest of the world.

However, the state of the Nordic health systems – nor any other country’s – is not as strong as it may appear at first glance. As we look towards the future, several significant challenges face our health systems, presenting a wide range of implications over the short, medium, and long term.

If we imagine our health systems as a landscape, these challenges and changes may be represented as three major tectonic shifts:

THE DEMOGRAPHIC SQUEEZE

The “sick care” models on which our modern health systems are based as well as the development of highly specialised service economics in the Nordic region have benefited population health immensely while also enabling for unprecedented levels of productivity and human development.

However, these developments have also resulted in rapidly ageing populations and stagnating birth rates. This poses a major challenge for welfare states like those found in the Nordics, which are primarily financed

through taxes levied on economic activity undertaken by individuals.

As populations age, birthrates fall, and people spend less of their lifespan in employment, resources for our health systems will become significantly more strained. With a larger segment of the population in retirement and long-term care and fewer people working, decision makers may be forced to make exceedingly difficult decisions concerning resource allocation if financing models remain the same as they are today.

This issue is particularly acute in the Nordic countries: already today, the average dependency ratio – that is, the population aged 15 and under and over 65 relative to the population between the ages of 15 and 65 – in the Nordic region stands at 56.9%¹(see Figure 4). This figure is projected to increase steadily in the future, reaching well over 60% in Denmark, Finland, and Sweden by 2030.

More pressingly, the portion of the population aged 65 and over in the Nordics has increased by more than 33% since 1990² (see Figure 5)².

In the section “From ‘What’ to ‘How’”, a proposed set of such building blocks – the cornerstone of the Nordic Health 2030 process is explored in depth.

At the same time, the dramatic increase in the

¹ World Bank, 2023.
² World Bank, 2023.

Figure 4

56.9%

AVERAGE DEPENDENCY RATIO IN THE NORDIC COUNTRIES.

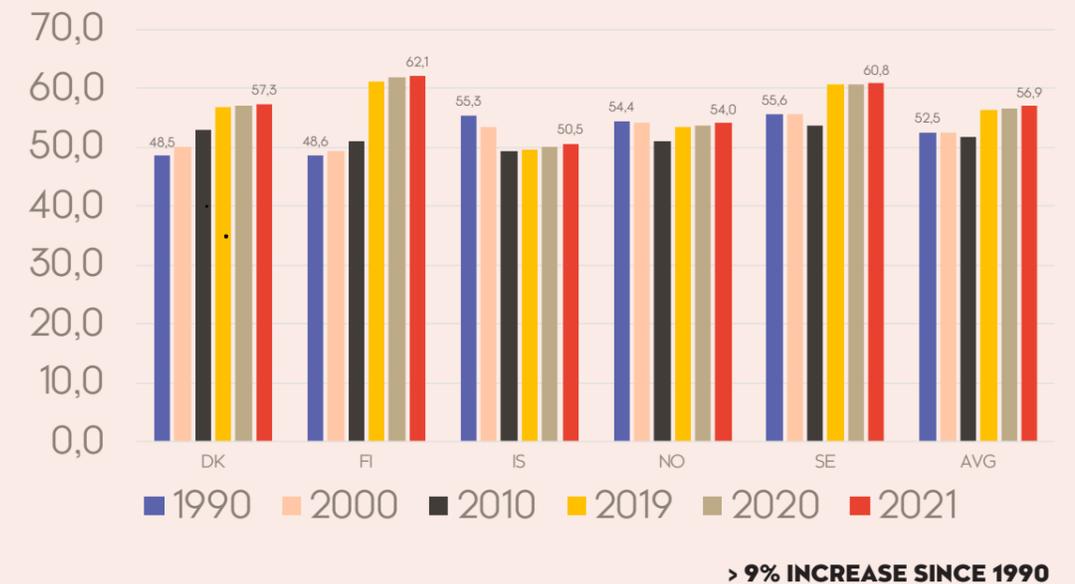


Figure 5

19.3%

OF POPULATION OVER 65 YEARS OLD IN THE NORDIC COUNTRIES.

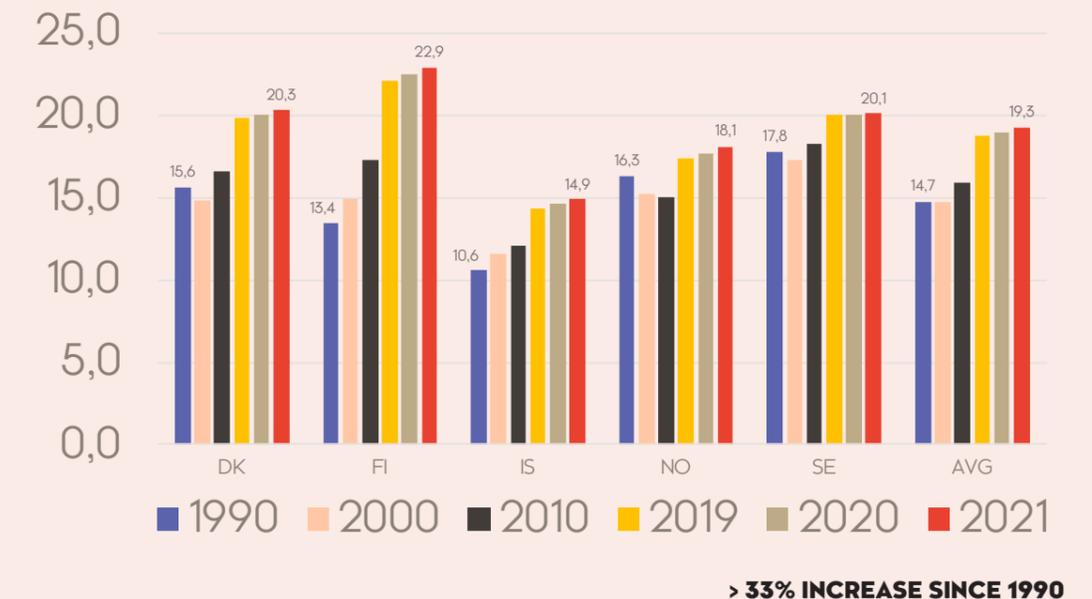


Figure 6

87.4%

OF ALL DALYS ARE ACCOUNTABLE TO NCDs IN THE NORDIC COUNTRIES ON AVERAGE.

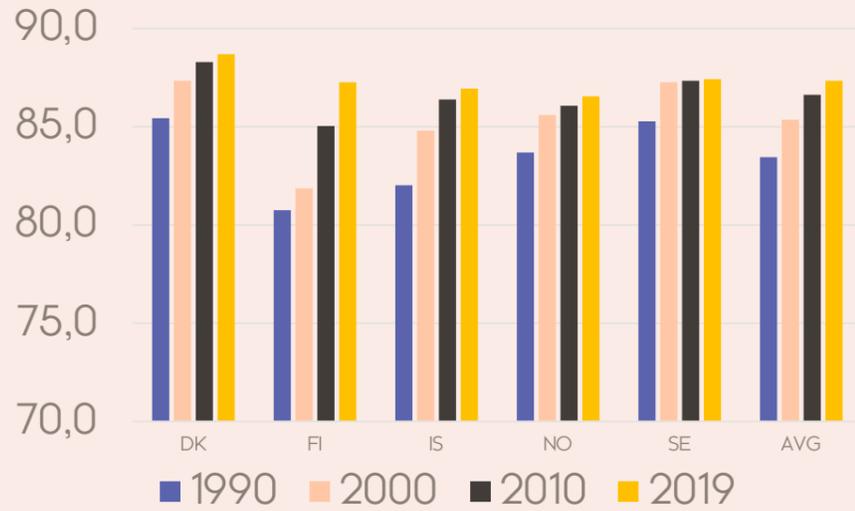


Figure 7

10.5%

OF GDP SPENT ON HEALTHCARE IN THE NORDIC COUNTRIES.

~17% INCREASE SINCE 2010

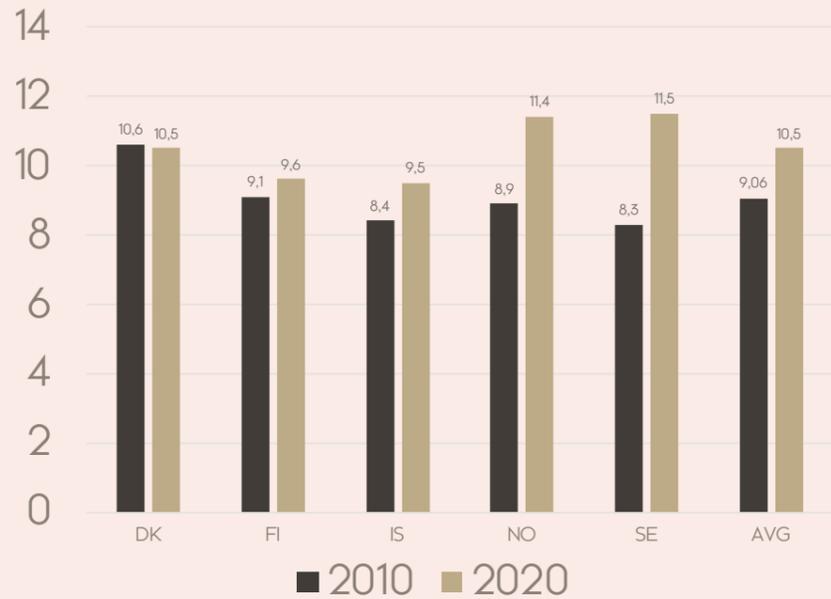


Figure 8

ONLY 3.48%

OF HEALTHCARE RESOURCES UTILISED FOR PREVENTION IN THE NORDICS IN 2020.



average life expectancy and changes in lifestyle we have witnessed over the past century have also led to a marked shift in the disease burden from communicable to non-communicable diseases. Today, over 87% of healthy life years lost in the Nordics are accountable to non-communicable diseases³ (see Figure 6)³. This stands in stark contrast to the composition of the disease burden at the time when our current health and welfare system models were designed and implemented.

SYSTEMIC PRESSURE

Demographic changes, as well as other developments such as the rapid rise of new health technology and digital solutions and new health challenges, most notably concerning mental health and wellbeing, have led to additional systemic pressure.

This manifests most clearly in the form of increased health spending: since 2010 alone, healthcare spending as a percentage of GDP in the Nordics has increased approximately 17%, reaching 10.5% of GDP on average (see Figure 7)⁴.

A significant portion (up to nearly one-third) of this spending covers long-term care, reflecting the demographic changes and shift in disease burden noted above.

At the same time, we see that prevention makes up less than 3.5% of all health spending in the Nordics (see Figure 8)⁵, despite a wealth of evidence of the beneficial impacts of prevention on both healthcare resource utilisation and health outcomes as well as widespread calls for more robust prevention and health promotion services.

This is further compounded by the increasing prevalence of mental health conditions and health systems' inability to meet demands in this area.

³ IHME, 2023.
⁴ OECD, 2023.
⁵ OECD, 2023.

Additionally, while new health technologies have led to significant improvements in health outcomes and health system efficiency, they also entail large implementation costs and require the development of new skills among both the health workforce and patients themselves. For healthcare professionals, this is an additional burden and has in some cases resulted in increased occurrence of burnout.

For patients, both health literacy and digital literacy have become entrenched as prerequisites for both living a healthy life and getting the most comprehensive level of service from health systems, giving rise to a digital divide that cuts across generational, geographical, and socio-economic lines.

OUTSIDE TRADITIONAL HEALTHCARE

If we look beyond boundaries of traditional healthcare system design and health delivery, we find an additional set of challenges that centre on new entrants to the health space, changing behaviours and expectations, and advancements in our understanding of health and biology.

The starkest development in this area may be the movement of technology giants into healthcare, with a range of new services, care models, and ecosystems that leverage Big Tech's access to personal data and its presence in nearly every facet of our lives.

Of course, the role of artificial intelligence should receive particular attention here, as it presents what may be the greatest ever potential for disruption in the health sector. While AI is already widely used in healthcare, its pace of development is unprecedentedly rapid and a strong consensus for how to best regulate it – especially in sensitive and high-risk areas such as healthcare – has not yet been achieved.

Moreover, the proliferation of digital solutions has also given rise to new demands from patients and citizens for increasingly personalised and



customisable health services. This is further driven by a two-pronged development in our understanding of health and biology.

On one hand, we are gaining an increasingly granular and hyperspecialized understanding of the building blocks of life through, for example, the various branches of omics that have emerged in recent years.

On the other hand, we are also seeing the rise of much more holistic and transdisciplinary approaches to health, characterised, for example, by systems biology and concepts such as One Health and health in all policies.

CRACKS IN THE NORDIC FOUNDATION

As they are currently designed, the health systems in the Nordics are not fully equipped to deal with any of the developments and challenges explored above. We can already see cracks forming.

For example, structural commissions in Denmark⁶ and Norway⁷ have identified a series of critical risks and the need for substantial, if not radical, changes to how health systems are designed and deliver services if they are to meet clear future challenges related to personnel, management of non-communicable disease, health system financing, and the safe and secure use of technology and digital solutions for healthcare.

However, the strongest expression of the urgency and magnitude of the challenges faced in the Nordics may come from Sweden: a recent report from Sweden's national organisation for municipalities and regions found towards 2031, over 400,000 new health and welfare workers will need to be hired to meet demands if nothing is changed in the structure of welfare and health services⁸. From this prognosis alone, it is clear

that a new paradigm for health is needed in the Nordics.

WHAT CAN BE DONE?

Bringing awareness to the burning platform serve to not only highlight the weaknesses in the current system but rather mobilise resources that can enable the creation of a robust and resilient approach to healthcare and position the Nordic region as a European and global leader.

In addition to the growing challenges, there are also major opportunities:

The Nordics are consistently among the most innovative countries in the world⁹ especially within healthcare.

Moreover, public trust in institutions and in society overall remains high in the Nordics. For example, in the context of the digital shift in healthcare the Nordics may hold an enormous advantage as a result of this trust: over 73% of the population is willing to share personal data to improve healthcare and research in the Nordics, as opposed to under 30% in other European countries¹⁰.

Finally, the time is ripe for action. Not only do the Nordic countries exhibit high levels of societal and technological readiness for change, but there is also now an unprecedented level of focus and prioritisation of our health and welfare systems in light of the identified challenges. With a strong, diverse set of stakeholders and the right conditions for collaboration, this opportunity can – and must – be seized.

In the following, we propose a vision for the Nordic health landscape in the year 2030 that aims to inspire to act on the future today by providing a snapshot of what successful collaboration and action could enable over the coming years.

⁶
⁷
⁸

⁹
¹⁰



NORDIC HEALTH 2030: OUR VISION

THE YEAR IS 2030

The year is 2030, and there is reason to be hopeful. This year, the Inner Nordic Health Area will be launched, marking the culmination of over ten years' work to build the foundations for the most ambitious vision for health in Europe ever:

Through cross-border and -sector collaboration, the Nordic region will become home to the healthiest and most connected populations, as well as build and support the most digitally enabled, data-driven, integrated, and sustainable health systems in the world.

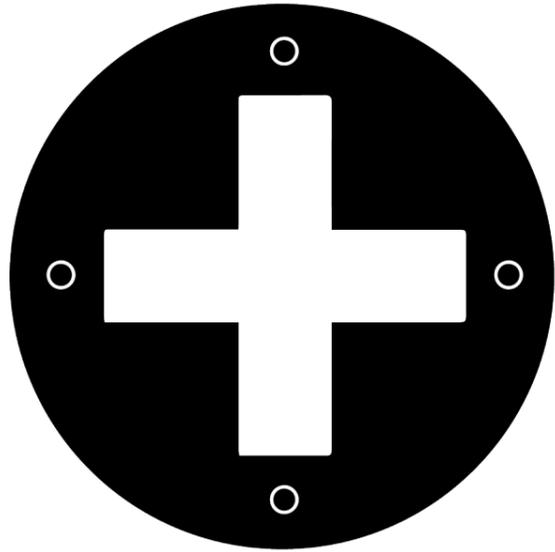
Many activities over the past ten years have helped build the foundations of this vision.

In 2024 Iceland took the lead in pushing health as the main area for Nordic collaboration which meant that the Nordic Council of Ministers also refocused on having health as one of the main drivers for the future of the Nordic Welfare society and Nordic cooperation.

With the Denmark's Presidency of the Council of the European Union in 2025, the Inner Nordic Health Area was formally established, and the three Baltic states were included into the collaboration.

It was built on the pillars of Health Sustainability, Health in and for all Policies, realising the SDG promises and reframing a practical, fair, and just use of data rooted in the principle of Data Solidarity.

Parallel to these developments in the mid 2020s, NH2030 supporting stakeholders mapped and built a detailed description of existing health and health relevant data in the Nordics.



This established the foundation for connecting and activating data (including direct clinical data, data lakes, synthetic data, and fair AI development).

This was enabled and driven by the Valo / Nordic Commons collaboration, that established a comparative advantage for the Nordics in Europe and established the Nordic Way.

Supported by the Nordic Interoperability Project and NordDEC's work with common standards and accreditation for health apps, the Nordics are leading the development and direction of the European Health Data Space.

By the late 2020s, the Nordic-OECD collaboration on developing the Maturity Model for Health Data Policy has been globally applied.

Furthermore, the NH2030 strategic alliance with WHO on the Economy of Well-Being led to the Nordic way becoming synonymous with a preventive approach.

Several initiatives led the capital cities of the Nordic countries made the Nordics global leaders in Sustainable Development Goals, application of the Health in All Policies and Health for All Policies approaches, and integration of sustainable health models, with a focus on One Health and Planetary Health as important overarching drivers.

These strong frameworks have made the Nordics the preferred area to build, train, test and validate AI-driven solutions for health.

Based on the high digital maturity, the Nordic countries have also become leaders in delivering digital health and wellbeing services to people where they are (i.e., remotely and at home), leaving the hospitals primarily for more intensive intervention.

This builds on the Nordic health 5/5 aspiration, to reallocate the approximately 10% of GDP that is spent on health in the Nordic countries such that 5% of GDP is spent on late intervention and treatment, and that the remaining 5% is spent on early intervention and prevention 5/5 to use half of the health budget in a preventive manner.

The innovative PhaseV initiative of the future of clinical trials that started in 2023 paved the way to improve connections to and monitoring of patients over the long term.

A widely accepted, increased emphasis on prevention also enabled a number of opportunities related to improved use of health and health-relevant data, more accessible digital functions, improved imaging, and application of smart materials.

This is perhaps best exemplified by the fact that the Nordics are closer than ever before to realising the Humanome, a digital health model in which data usability and individuals' access to and control over their own health and health-relevant data is maximised.

Together, these technologies and solutions have supported more precise and faster diagnosis, treatment, and preventive intervention, which has set the Nordics on course to reduce the avoidable disease burden by 50% within the next decade.

In addition, this development has also put the Nordic health systems on track for more sustainable health spending and overall resilience, with projections showing a relatively stable allocation of approximately 10% of GDP for both treatment and prevention well into the future.

Importantly, a major driver in this paradigm shift carried out towards 2030 was to include dignity as a concept for keeping people as healthy as possible for as long as possible, where the first step was a broad

application of secondary prevention of where early detection and precise intervention are key factors in reducing the disease burden.

A widely accepted, increased emphasis on prevention also enabled a number of opportunities related to improved use of health and health-relevant data, more accessible digital functions, improved imaging, and application of smart materials.

This is perhaps best exemplified by the fact that the Nordics are closer than ever before to realising the Humanome, a digital health model in which data usability and individuals' access to and control over their own health and health-relevant data is maximised.

Together, these technologies and solutions have supported more precise and faster diagnosis, treatment, and preventive intervention, which has set the Nordics on course to reduce the avoidable disease burden by 50% within the next decade.

In addition, this development has also put the Nordic health systems on track for more sustainable health spending and overall resilience, with projections showing a relatively stable allocation of approximately 10% of GDP for both treatment and prevention well into the future.

Importantly, a major driver in this paradigm shift carried out towards 2030 was to include dignity as a concept for keeping people as healthy as possible for as long as possible, where the first step was a broad application of secondary prevention of where early detection and precise intervention are key factors in reducing the disease burden.

Overall, the journey towards 2030 has seen the Nordic countries greatly increase collaboration on clinical and regulatory levels and made significant strides towards achieving the 5/5 Aspiration, early intervention, and health promotion and building a sustainable health model in the Nordics.

To be sure, this ambitious vision for the Nordic health landscape could not have been realised without concerted action across the Nordic countries, increased collaboration with other European and global partners, and leveraging strong working relationships between public- and private-sector stakeholders with a diverse set of competencies.





FROM 'WHAT' TO 'HOW'

The aim of the latest phase of the Nordic Health 2030 process was to realise the ambitions and concepts developed during the first stage of Nordic Health in 2019.

Throughout the Nordic Health 2030 workshop series, participants engaged in several discussions addressing the current state of healthcare, emergent challenges, and associated issues.

Based on these discussions, these initiatives were selected due to the expected future impact on the Nordic health landscape, strengths that Nordic stakeholders and institutions possess, as well as their potential to mitigate risks and develop international leadership in health on a Nordic level.

WORKSTREAMS TO REALISE THE PREFERRED SCENARIO

New & Emerging Initiatives for realising the preferred scenario for the Nordic health landscape in 2030

	Initiative	Activities	Expected outcome
1	Mapping Health Data in the Nordics	Creation of an overview of existing health and health-relevant data registers in the Nordic countries	Comprehensive mapping of Nordic data repositories and their accessibility and usability.
2	Uniform Data Nordic Commons/Valo	<ul style="list-style-type: none"> Integration of a high-level approach for uniform data utilisation across the Nordics built on the Finnish leading next step of Nordic Commons (Valo) Building of a pan-Nordic approach to support the European Health Data Space Development of an Inner Nordic Health Area where the Nordic countries accelerate and extend collaboration Development of a Nordic consortium for health data use, whereby the Nordic countries can progress without EHDS, if necessary 	Establishing the Nordic countries as leaders in health data management in Europe.
3	Nordic Interoperability Case (Nordic Interoperability Project , NIP)	<ul style="list-style-type: none"> Enhancing data interoperability and usability across the Nordic countries by: Connecting and utilizing Nordic Data Lakes for secondary use of patient data Establishing a Nordic Digital Health & Medication Platform for accreditation and activation of healthcare apps, furthering the work of NordDEC (www.NordDEC.org) Supporting the growth of innovative, data-driven, Nordic solutions to increase citizens' access to health data at the point of care and in preventative approaches to care 	Development of practical use cases and improved data functionalities.
4	Applying, building and developing standards for health and health-relevant data	<ul style="list-style-type: none"> Providing input for health data standards Advocating for health stakeholders to implement existing standards in the health and health data space to achieve greater harmonisation on national, regional, and global levels 	Establishment of Nordic approaches to health data standards

	Initiative	Activities	Expected outcome
5	Ethical Data Use	<ul style="list-style-type: none"> Collaboration with PLUTO for sustainable and ethical data use focusing on data intent and solidarity and harm mitigation mechanisms Testing data solidarity as a model in select municipalities Develop synergies with the OECD's forthcoming Maturity Model for Health Data Policy 	A practical approach to fair data utilisation.
6	Maturity Model for Health Data Policy	<ul style="list-style-type: none"> Identifying and addressing key policy areas to facilitate the adoption of digital tools and integrated digital health ecosystems across the Nordic region 	Securing the Nordic countries as a reference point for maturity of digital health policy and benchmark for further development.
7	Building Nordic Wellbeing Economy with WHO Europe	<ul style="list-style-type: none"> Adopting wellbeing economy methodologies in the Nordic region Advocating for a paradigm shift from "sick care" to health promotion and prevention by positioning health as an investment and key component of social progress and cohesion 	Strengthened consensus among regional health stakeholders on the value of and need for improved health promotion and prevention, with the Nordic countries positioned as leaders.
8	Supporting Healthy Cities and Municipalities with Nordic Capital Cooperation	<ul style="list-style-type: none"> Developing a network of healthy cities and municipalities based on a common set of principles, inspired by the C40 initiative Connect the Nordic capitals and large cities to Berlin in order to create linkages outside of the Nordics to the rest of Europe Establishing a network for exchange of knowledge and best practices between cities and municipalities participating in the initiative Promotion of healthy urban living through targeted engagements that address urban population needs in the selected cities 	Enhanced role of cities and municipalities in engagement with health and healthcare and situating cities and municipalities as key drivers of health promotion and prevention
9	Nordic Collaboration for High Impact	<ul style="list-style-type: none"> Development of a network of regions and municipalities in the Nordic and circumpolar countries with comparatively high social and health care needs Use of network to share, implement, and scale proven practical solutions to improve social and health outcomes 	high-impact exchange of knowledge and best practices and timely interventions for improvement of health and social outcomes in targeted areas.
10	E-health in Norway Conference	<ul style="list-style-type: none"> Establishing EHIN as a primary platform for disseminating information about activities in support of the Nordic health agenda and mobilising stakeholders to increase the scope and impact of Nordic Health 2030 activities and initiatives 	A central annual meeting point for developments in Nordic health and the Nordic Health 2030 community.



Existing initiatives to scale

Alongside the identification of new and emerging activities and initiatives, several existing initiatives that may further support the realisation of the preferred scenario have also been identified.

	Initiative	Activities	Expected outcome
1	PhaseV: Nordic Clinical Trials Concept	Expansion of the Danish clinical trials innovation project from the national to the regional level	Strengthening the Nordics approach to cutting-edge and digitally enabled clinical trials.
2	Celebrating Implementers	Scaling up the implementation champions concept, based on the existing Health Tech Implementation Award	Increased empowerment of innovators and solution providers and improved awareness of proven, high-impact health solutions across the Nordic region.

Concepts, platforms, forums, and institutions for driving and enabling change

Finally, a number of activities that can be carried out in selected concepts, public platforms, forums, and institutions to advocate for change and development towards the preferred scenario have been identified

	Concept, platform, forum, or institution	Activities	Expected outcome
1	Secondary Prevention	Supporting the growth and development of sustainable health practices through raising awareness about the impact of secondary prevention	Transitioning from sick care to proactive health management.
2	Norwegian Center for E-health Research	Identifying and addressing key policy areas to facilitate the adoption of digital tools and integrated digital health ecosystems across the Nordic region	Securing the Nordic countries as a reference point for maturity of digital health policy and benchmark for further development.



3	Bridging the Presidencies of the Nordic Council of Ministers	Integration of the Nordic region's digital health goals with WHO Europe's agenda.	Advancement towards the goal of making the Nordic region the most integrated health region in the world by 2030.
4	Danish Presidency of the Council of the European Union in 2025	Utilisation of the Danish Presidency of the Council of the European Union in the second half of 2025 as a driver for Nordic leadership in health, in collaboration with Think Tank Europa	Establishing a Nordic health model and leadership in health on a broader European level.
5	HIMSS Nordic Delegation	Leveraging of the internationally recognised HIMSS platform as a meeting point to promote a Nordic health agenda, with a particular focus on digital health	Increased awareness of a shared agenda for Nordic health among an international e-health stakeholder community.
6	Sciana Health Leaders Network	Take inspiration from the successful Sciana Health Leaders Network to develop a Nordic health leaders network aimed at facilitating knowledge sharing and developing leaderships skills among young leaders at the forefront of Nordic health development	Enhanced leadership skills among rising leaders and continued development of health networks across the Nordics.
7	Nordic e-Health Research Network (NeRN)	Grow the membership and increase engagement among digital and e-health stakeholders in the network to support more collaborative development and evaluation of e-Health solutions in the Nordics	Informed development of future e-health solutions and streamlined development and integration of standards.
8	Expanding the Nordic-Baltic Cooperation (NB8)	Utilise the existing Nordic-Baltic Cooperation (NB8) to support the continued integration of the Baltic countries into Nordic health platforms, collaborations, and solutions for health	Bridging European regions to improve sharing of knowledge and best practices as well as scale Nordic health solutions.
9	AI Solution Development Hub	Utilisation of rich Nordic register data and strong workforce competencies for the development of AI/ML solutions in health	Establishing the Nordics as a hub for ethical and secure AI solution development.

NEXT STEPS

The proposed activities listed previously build on the strengths on the Nordics, opportunities brought on by current trends and developments in the region and Europe, as well as leverage existing initiatives, networks and institutions that can synergise as part of a wider movement to support change across the Nordic health landscape.

With the engagement areas as guiding principles, Nordic Health 2030, as a collaborative movement made up of ambitious Nordic health stakeholders, encourages stakeholders across the Nordic region – and beyond – to strive to work collaboratively and undertake the proposed activities and initiatives to realise a bright future for health in the Nordics, set an example for how to deliver excellent individual and public health outcomes in the face of mounting challenges and uncertainty on a global level, and champion a “Nordic way” for the future of health.

To build momentum for this work, the Nordic Health 2030 Movement will carry out the following beginning in early 2024:

- **Invite and support stakeholders to form working groups around all proposed activities and initiatives**
- **Provide a platform for connecting stakeholders and networks to existing activities and initiatives**
- **Establish a series of regular meetings to track the progress on activities and initiatives, identify challenges, and co-create strategies to drive change**

We look forward to creating a healthier, more equitable, and more sustainable future together.



APPENDIX I

PROCESS & METHODOLOGY

PROCESS DESCRIPTION

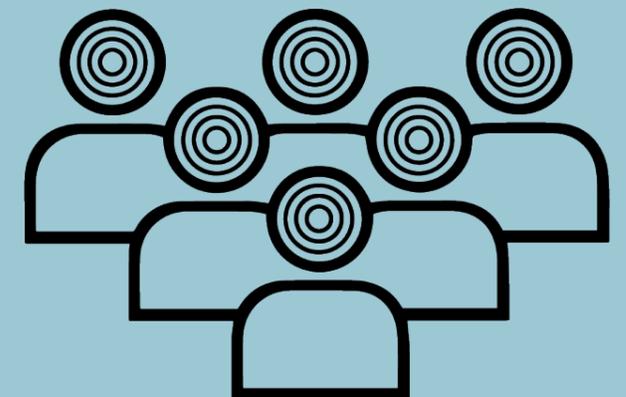
CIFS carried out parallel processes of scenario development and consensus building activities aimed at identifying actions and initiatives that Nordic stakeholders could feasibly undertake to realise the objectives identified over the course of the first Nordic Health 2030 process.

On one track, CIFS and the participants co-created a set of four plausible scenarios for the future health landscape in the Nordics.

The purpose of this activity was to provide a strong foundation for developing and testing action plans for achieving jointly identified goals as well as navigating future uncertainties facing the health sector.

On a second track, CIFS and the process participants jointly identified actions and initiatives that were categorised within three delineated engagement areas. Actions and initiatives within each of the engagement areas were then “stress tested” within each of the collaboratively developed scenarios.

Actions and initiatives within each engagement area assessed as having the greatest potential impact and level of robustness across the scenarios were then formulated as a consolidated action plan that the Nordic Health 2030 process participants endorsed in early 2024.



METHODOLOGY

Participant selection

32 public and private stakeholders from the Nordics were engaged for the process. The group was designed to include participants who are positioned to contribute with valuable insights and perspectives, while also bringing diverse perspectives to the table, which is key to generating quality strategic foresight/ scenario planning outcomes.

Workshop and survey series

Activities that support both process tracks described above were carried out through a set of explorative and consensus-building exercises in a series of both in-person and online workshops and interim surveys conducted between May and November 2023.

Workshops

Workshops were held during each of the five major stages of the process, during which all participants will engage in group exercises and discussions that aim to jointly prioritise areas for action, build consensus, and identify uncertainties that supported the development of strategic scenarios for the future of healthcare in a pan-Nordic context. The workshops took place both in person and online, consisting of presentations, group exercises, and plenary sessions.

Surveys

Both prior to and between the virtual workshops, CIFS invited participants to several brief interactive surveys. These surveys served both as a platform for maintaining an active dialogue between NH2030 participants between the workshops as well as tools for collecting data and supporting workshop exercises for scenario building and action plan development.

INTERIM ACTIVITIES

CIFS carried out a number of activities between the workshops, including the analysis of participants' input from workshop exercises, desktop research, scenario drafting, and drafting of the NH2030 roadmaps, and action plans.

SCENARIO BUILDING

The following process was applied to develop scenarios for the future of the Nordic health landscape towards 2030:

Analysis of megatrends, the contextual environment, and core health concepts

Megatrends are long-term trends (lasting at least 10-15 years) that influence societies globally and locally and are therefore central to scenario planning. Using megatrends as a framework, CIFS and carried out a preliminary analysis of the contextual environment – i.e., society, values, culture, technology, politics, economics, and the built and natural environment – with a focus on how it may impact a particular sector, group, system, or concept both today and in the future. Here, CIFS also undertook an analysis of prominent concepts and policy models in the health space, exploring how they may develop over the medium to long term.

Engagement with and analysis of the interactional environment

Using the megatrends and health concepts and policy models as a point of departure, CIFS worked directly with scenario process participants to identify and prioritise themes, challenges, and opportunities with a high level of relevance for the future of the Nordic health landscape towards 2030. Participants prioritised observations based on a joint assessment of their potential impact and level of uncertainty related to their developmental trajectory.

Scenario shaping based on critical uncertainties

CIFS and the process participants jointly identified a set of critical uncertainties assessed as having the greatest potential impact on the Nordic health landscape towards 2030. These uncertainties were further developed to highlight two sets of opposing, but plausible future conditions termed “polarities”, which were then used as the conceptual framework for four distinct scenario narratives.

Scenario narratives

To develop the scenario narratives, the polarities were placed into a two-by-two grid (see Figure A). In this way, the polarities are positioned as the overriding dynamics that have a strong influence on the content of each of the scenarios.

Critical uncertainty 1: APPROACH TO AVOIDABLE DISEASE AND DEATHS

POLARITY 1 – PROVIDING TREATMENT:

Healthcare systems are highly efficient in providing the best possible treatment for individuals when they get sick (i.e., incidence-based treatment) but provide insignificant support to keep individuals healthy. Most healthcare professionals are reimbursed based on a fee-for-service model with little incentive to keep healthy individuals healthy.

POLARITY 2 – MAINTAINING HEALTH:

The healthcare system focuses on providing the best possible health and quality of life for individuals. Healthcare professionals are incentivized and reimbursed to provide better care and preventive activities. Healthcare budgets are perceived as an investment supporting the focus on maintaining health.

Critical uncertainty 2: SUSTAINABILITY OF HEALTH SYSTEMS

POLARITY 1 – TECH IS THE MAIN DRIVER:

The Nordics leverage the rich technology and innovation environment to drive sustainability in health systems and society by improving health outcomes and optimising resources. This relies on innovation, digitalisation, and grassroots initiatives for both financial and environmental sustainability.

POLARITY 2 – POLICY IS THE MAIN DRIVER:

A policy-driven sustainability approach has been the primary factor driving efforts in the field. This entails setting targets (for example, for prevention), allocating resources, and promoting sustainable practices through legislation and incentives.

Development of the scenarios was carried out by systematically exploring the impact of each set of polarities on a wide range of elements, including individual behaviour and preferences, various societal actors, organisations, and political, social, economic, technological, and regulatory institutions and dynamics. Key details in the scenarios were then drafted as short narratives that provide a snapshot of the Nordic health landscape in the year 2030 focussing on the elements mentioned above.

The scenario narratives were then evaluated by the process participants. Participant feedback was incorporated to ensure the greatest possible level of alignment with the group’s understanding of the scenarios. Following a second review, participants were asked to identify a preferred scenario. Approximately three-quarters of the participants identified Scenario C as a preferred scenario, with the remainder preferring Scenario B. This was to better inform the development of workstreams and action plans based on a preferred vision for the future Nordic health landscape.

Finally, based on the identification of both Scenario B and Scenario C as preferred futures, it was collectively decided to draft a fifth scenario combining elements of both scenarios. This scenario functions as a more ideal vision for the future Nordic health landscape that is intended to inspire stakeholders to act rather than provide a backdrop for identifying and testing strategic actions and engagements.

Figure A – Scenario Narratives



Parallel to the development of scenarios for the future of the Nordic health landscape towards 2030, CIFS and the participant group engaged in a series of activities to identify a set of concrete actions and engagement strategies intended to enable the realisation of a preferred future scenario. Over the course of the in-person and online workshops, as well as through interim online surveys, participants were asked to propose and identify the following:

- **New initiatives and engagements that should be carried out to realise a preferred future for the Nordic health landscape towards 2030**
- **Existing initiatives that can be leveraged to realise a preferred future for the Nordic health landscape towards 2030**
- **Platforms, events, and concepts for enabling the building and growth of partnerships and collaborations for change**

The identified initiatives and engagements were further refined through individual interviews with process participants that indicated an interest in managing and/ or supporting specific activities. This resulted in the proposal of 10 new initiatives, 2 existing initiatives to be leveraged, and 9 platforms and concepts to be prioritised for supporting stakeholder engagement. Owners and supporting stakeholders were then voluntarily assigned for each workstream and platform.

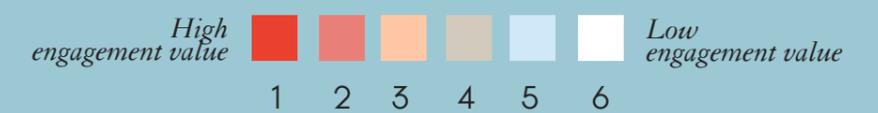
Following the process participants' approval of the four initial scenarios for the future of the Nordic health landscape towards 2030, the CIFS team stress-tested the workstreams and platforms in each scenario. Each engagement was assigned a score from 0 to 6, where a higher score indicated a better strategic fit. 0 to 3 points were assigned for relevance of the engagement or platform within each scenario, and additional 0 to 3 points were assigned for estimated potential impact within each scenario. See Figure B for the stress-test assessment.

It is important to note that the assessment of initiatives, platforms, and concepts is not intended as a normative evaluation, but rather an evaluation of their goodness of fit within each scenario that stakeholders can use to prioritise actions or change course depending on how the Nordic Health landscape develops towards 2030.

Process conclusion

At the conclusion of the process, owners and supporting stakeholders were encouraged to engage with their networks to initiate activities around their assigned workstreams.

Figure B – Heatmap assessment of initiatives, platforms, and concepts for realisation of a preferred Nordic health landscape towards 2030.



STAKEHOLDERS	Scenario A - More treating, less talking	Scenario B - Prevention Approaches	Scenario C - Nordic Wellbeing Alliance	Scenario D - Treating Disease Together
	<i>Overall Score</i>	<i>Overall Score</i>	<i>Overall Score</i>	<i>Overall Score</i>
Mapping the Data in the Nordics	4	5	6	4
Uniform Data Nordic Commons/Valo	4	6	6	5
Nordic Interoperability Case	4	6	6	6
Building and developing standards for health and health-relevant data	4	6	6	5
Ethical Data Use	4	5	5	5
Maturity Model for Health Data Policy	2	4	6	5
Building Nordic Wellbeing Economy with WHO Europe	2	5	6	5
Supporting Healthy Cities and Municipalities with Nordic Capital Cooperation	3	4	5	4
Nordic Collaboration for High Impact	4	4	5	4
EHIN Conference & Communication	4	6	5	3
PhaseV: Nordic Clinical Trials Concept	4	6	5	4
Celebrating Implementers	5	5	5	4
Secondary Prevention	2	6	6	3
Norwegian Center for E-health Research	3	4	4	3
Bridging the Presidencies of the Nordic Council of Ministers	2	4	6	4
Danish Presidency of the Council of the European Union in 2025	2	4	6	4
HIMSS Nordic Delegation	3	5	4	3
Sciara Health Leaders Network	2	4	4	3
Nordic e-Health Research Network (NeRN)	2	3	5	4
Expanding the Nordic-Baltic Cooperation (NB8)	2	2	6	5
AI Solution Development Hub	4	6	5	4



APPENDIX 2

SCENARIO DESCRIPTIONS

MORE TREATING, LESS TALKING

In a splintered regional setting, each Nordic country leverages tech differently to provide innovative and personalised treatments.

SCENARIO VANTAGE POINTS

Zeitgeist – Values & attitudes	Individual preferences drive developments in health, while disparities in high- and low-income populations are at risk of worsening resulting in unequal access to healthcare.
People & society	Tech is developed for those who can afford it, and pressure is placed on government and policy markets to enable data sharing and increase access to new solutions.
Healthcare system	Fee-for-service and global budget models still dominate, but private insurance increases coverage for digital services that are unreimbursed by the public system.
Health policy	A fragmented regulator environment limits the application of new platforms and solutions; consumer protection and liability regulations remain in focus especially given the entrance of many non-Nordic tech players.
Industry	Nordics are less attractive due to the fragmented space and small individual country size, but private care providers are poised for growth in line with increased uptake of private digital health services.

In the year 2030, the Nordic region finds itself at a crossroads where individual preferences have become paramount in shaping the landscape of healthcare. A surge in tech-driven solutions has shifted the focus from health promotion and prevention to on-demand treatments provided by an influx of private entities, even those from outside the traditional healthcare sector.

Digital literacy has become a critical factor, as those with weaker competencies, such as older and rural populations, face the risk of falling behind, limiting their access to care options. Consumption patterns now wield significant influence over healthcare offerings, fostering the development of parallel public (policy-driven) and private (tech- and consumer-driven) health systems. However, the emergence of a fragmented regulatory environment across the Nordic region poses challenges to the scalability of new platforms and solutions. While some jurisdictions excel, others lag behind due to differing priorities and means.

The European Health Data Space (EHDS) attempts to foster regional collaboration, but different national interpretations of legislation hinder its effective implementation. Policymakers, grappling with increasing waiting times and scarce resources, focus on treatment and access guarantees. The emphasis on treatment exacerbates socioeconomic disparities, as slow Health Technology Assessment (HTA) approvals resist the reimbursement of emerging digital solutions, leaving fee-for-service and global budget models dominant. Private insurance steps in to cover digital services not reimbursed by the public system, further accentuating the divide between high-income and low-income populations. Consumer protection and liability regulations become paramount with the proliferation of new, private digital health services, especially as many players emerge from abroad.

Data ownership becomes a contentious issue, with "free" private services demanding user data in return for insights. Patients demand more convenient and seamless services, leading to increased access for those who can afford private care. However, care options vary significantly across the region, prompting concerns about equity in access and outcomes from patient organizations. Healthcare providers (HCPs) face pressure to enhance their digital literacy, and an increasing migration of HCPs from the public to the private sector is observed in jurisdictions allowing private care. The proliferation of AI-supported services aids large-scale effectiveness but faces approval challenges in certain jurisdictions.

Nordic countries compete to attract industry players, seeking to capitalize on rapid development. Established players in the medical device and pharmaceutical sectors thrive in this treatment-centric environment. However, the Nordics struggle to set best practices for health services that can be applied to the rest of Europe.

PREVENTION APPROACHES

Tech enables the rapid proliferation of prevention practices among individuals, policymakers, and health professional

SCENARIO VANTAGE POINTS

Zeitgeist – Values & attitudes

Proactive health management is the norm driven by technological solutions and growing acceptance of telehealth services amid an increasing reliance on wearables and smart devices.

People & society

Societal focus is on individual responsibility for health, digital literacy is crucial resulting in a potential digital health divide.

Healthcare system

Payment models shift towards value-based care and subscription-based models emerge for access to digital health platforms and services.

Health policy

Regulatory frameworks are adapted to accommodate and encourage the use of health tech, there are efforts to create a unified data-sharing infrastructure to support the seamless integration of health tech solutions.

Industry

Nordics are less attractive due to the fragmented space and small individual country size, but private care providers are poised for growth in line with increased uptake of private digital health services.

In the year 2030, the Nordic region embraces emerging technologies as a transformative force for preventive healthcare. Societies and individuals view these technologies as an opportunity to shift towards maintaining health rather than merely treating illnesses.

Digital literacy becomes a crucial aspect of individual engagement with tech-driven health maintenance. Continuous health monitoring and proactive health management become the norm, driven by wearables, smart devices, and personalized health apps. Telehealth services gain widespread acceptance, particularly for routine check-ups and preventive consultations. A societal focus on individual responsibility for health emerges, supported by accessible and user-friendly tech solutions. However, the potential for a digital health divide arises, with those with better access having advantages in maintaining their health. Nordic healthcare systems integrate tech-driven solutions to promote preventive measures and continuous monitoring. Incentives are in place for healthcare providers to adopt and utilise digital tools for health maintenance. Payment models shift towards value-based care, rewarding prevention.

Subscription-based models for digital health platforms and services emerge, supported by regulatory frameworks adapted to encourage the use of health tech for preventive measures. Privacy and security concerns are addressed through standardised protocols for data protection, and efforts are made to create a unified data-sharing infrastructure. Policymakers actively balance innovation with ensuring the safety and efficacy of tech-driven health solutions. There's an increase in demand for personalized health tech solutions, empowering individuals to actively participate in their health management. However, concerns about data ownership and privacy persist as patients share personal health information with tech platforms.

Disparities in access to tech-driven health maintenance services based on socio-economic factors are recognised as a potential challenge. Healthcare providers adapt to the integration of technology for continuous health monitoring, requiring upskilling to effectively use and interpret data from health tech tools. Tech companies lead innovations in health maintenance solutions, with pharmaceutical and diagnostic companies investing in digital therapeutics and personalised preventive interventions. The private care sector experiences growth, offering personalized health tech solutions, leading to increased competition among industry players to develop and scale effective health maintenance technologies.

Based on Nordic values, collaborative efforts are made to establish common standards for maintaining health through tech. Best practices and successful implementation are shared, and there's competition to attract tech industry players focused on health tech innovations. Collaboration within the European Health Data Space facilitates cross-border sharing of health data to drive preventive approaches towards health. The challenge lies in balancing the role of technology in health maintenance without undermining the human touch in healthcare.

NORDIC WELLBEING ALLIANCE

Nordic countries come together to draft policies aimed at shifting the focus towards preventive approaches that foster health and wellbeing and reduce the burden on health systems.

SCENARIO VANTAGE POINTS

Zeitgeist – Values & attitudes	Health promotion and disease prevention are prioritised but behavioural change due to lack of economic incentive is lacking.
People & society	Healthy lifestyles are becoming more prevalent, but this opens for a divide between the most and least well off.
Healthcare system	Payments systems are shifting towards diagnosis related groups and value-based models and private insurance increases coverage for preventive services and wellness support.
Health policy	Attempts to build a coordinated data stewardship model with transparency for the individual, develop is slow and cautious but there is a concerted effort to achieve this goal.
Industry	Policy is designed to further innovation and implementation within prevention, but strict regulations often hinder the entrance of new players, creating more opportunities for incumbent

In the year 2030, the Nordic region experiences a policy-driven approach towards maintaining health, prioritising health promotion and disease prevention. While healthy living and lifestyles become more prevalent, a potential widening divide emerges between the most and least well-off, raising concerns about increased divergence in health outcomes.

Policy initiatives play a central role in incentivising healthcare providers to act more preventively. Screening programmes become widespread, aiming to detect health issues early. Payment systems undergo a shift, contemplating a move towards diagnosis-related groups and value-based models, with private insurance expanding coverage for preventive services and wellness support.

Sin taxes are more prevalent, aiming to drive behavioural changes and promote healthier choices. The region witnesses increased intervention and regulation in consumer markets. Although the growth of digital platforms is slower due to cautious regulatory approaches, regional policy harmonisation facilitates the implementation of proven solutions, emphasising scalability.

The Nordic region moves towards a federated data infrastructure, supported by the establishment of the European Health Data Space. Policymakers coordinate efforts to establish individuals' ownership of their health and health-relevant data, recognising the importance of custodianship and stewardship over ownership.

Despite a smaller divide in digital literacy and access to services, a larger disparity in health outcomes emerges due to the preventive focus. Individuals in a position to take increased responsibility for their health benefit, while others risk being left behind. Healthcare providers urgently need to develop new competencies for comprehensive preventive services, leading to an increased risk of burnout.

New medical specialisations focused on health promotion and prevention emerge, reflecting the demand for proactive healthcare. Policy is designed to foster innovation within prevention, but industry hesitates due to stricter regulations compared to other jurisdictions.

TREATING DISEASE TOGETHER

Policies across the Nordics seek to improve health outcomes by ensuring access to effective, innovative treatments.

SCENARIO VANTAGE POINTS

Zeitgeist – Values & attitudes	Public and private health systems are utilising expensive high tech solutions but there is growing scepticism about the sustainability of this inherently short-term approach.
People & society	Inclusivity and innovation reach urban and rural populations with citizens actively engaging with policymakers on the future of healthcare.
Healthcare system	Marginal funding for prevention activities, but treatments that can be offered to all segments of society (including digital) are reimbursed.
Health policy	Regulations ensure equitable access to necessary medical care, ethical use and transparency of data are vital discussions and slow down the development of interoperable systems.
Industry	Treatments and medical innovations are at the forefront, pharma companies and device manufacturers emerge winners while tec companies grapple with data sharing and standardisation regulations.

In the year 2030, the Nordic region adopts a policy-driven approach to providing treatment, with a focus on personalised treatments within both public and private health systems. This approach results in a highly efficient healthcare delivery system, streamlining treatment processes and reducing time and resources expended.

While inclusivity is a major theme, addressing digital literacy, innovations in healthcare reach both urban and rural populations. Citizens actively engage with policymakers, expressing opinions on the future of healthcare, and advocacy groups are vocal about the pressing issues in health. Clinical excellence, innovation, and accessibility underpin clinical treatment, with treatments reimbursed for all segments of society, including digital solutions. Experimental treatments without a proven track record face challenges in securing funding, leading to reliance on private insurance in such cases. However, marginal funding for prevention activities is noted.

Regulations ensure equitable access to necessary medical care, but ongoing discussions about transparency and ethical data use slow down the development of interoperable systems. Different interpretations of the European Health Data Space (EHDS) pose challenges to the pace of implementation. Cross-border Electronic Health Record (EHR) sharing exists within the public health system across the Nordics, driven by a commitment to equality and equity. In this scenario, private and tech players face challenges, especially concerning data access and utilisation. Insurers agree to share their data with the public system in exchange for access. Patients benefit from advanced and personalised medical treatment, but patient advocates push for a long-term, preventive vision, often overlooked due to resource constraints. Healthcare providers (HCPs) are equipped with advanced treatments but grapple with the need to balance treatments with a preventive approach. The voice of HCPs is integral for policymakers, though HCPs often feel unheard. Treatments and medical innovations take precedence, benefiting pharmaceutical companies and device manufacturers. The private sector faces challenges in data sharing and standardisation, finding themselves locked out.

The Nordics compete among themselves to attract private investment, with collaboration taking place over EHDS. Healthcare apps, wearables, and similar technologies experience stable growth. There is a growing collaboration to attract private players to the region, aiming to build a robust health and data ecosystem. Efforts are made to ensure that public and private healthcare systems remain on par, preventing the private sector from overtaking the public. Directing funds towards prevention and literacy, focusing on prevention, listening to advocacy groups and HCPs, and addressing the challenges of burnout and reduced motivation among healthcare professionals are key considerations in navigating this policy-driven scenario.

THE NORDIC HEALTH MOVEMENT 2030

If you too are inspired by the well-founded vision of a fair and sustainable health system, leading with the "Nordic Way" across Europe and globally, and leveraging digital solutions built on trust, we want to hear from you.

All of the resources, know-how and technologies exist today to create a healthier environment for both health professionals and patients, reducing burnout, reducing patient disease burden, and shifting care beyond the hospital walls, all while upholding patient dignity.

Contact us at The Copenhagen Institute for Futures Studies to learn more, to initiate futures thinking projects or to join the Nordic Health 2030 initiative.

Bogi Eliassen

Director of Health, Copenhagen Institute for Futures Studies

be@cifs.dk

+45 60 82 62 26





THE COPENHAGEN INSTITUTE FOR FUTURES STUDIES

The Copenhagen Institute for Futures Studies is an independent, non-profit think tank established in 1969, on the initiative by former Danish Minister and OECD Secretary-General Professor Thorkil Kristensen.

Our purpose is to help people and organisations imagine, work with, and shape their future.

Never in recent history has it been more important for people and organisations to better navigate uncertainty, build futures optimism and create meaningful change. By building the capabilities necessary to address potential futures we help create a society fit to meet the challenges and grasp the opportunities we face. Essentially, we empower you with the skills to act on the future.

We do this by applying our unique approach to futures studies and foresight, combined with more than 50 years of global experience and contributions to the field, working with organisations across the public, private, academic, and civic sectors, as well as with the general public. Being independent of commercial and political interests enables an objective approach and allows for all profits to go exclusively to fund further research and non-profit initiatives.

The future belongs to no one, yet to everyone. Our vision is a futures literate world where everyone has the right and mandate to engage with the future, participate, and visualise change, so they can create the best possible future for themselves, society, and the planet. We firmly believe this will help build a more prosperous, equal, and safe future.

